

### ORCHID PAYMENT AUTHORIZATION

I (we) authorize Orchid LLC or its subsidiaries Orchid Advisors LLC and Orchid Solutions LLC (the "COMPANY") to electronically debit my (our) account as shown below.

Fee Schedule	Billing Date	Monthly or Annual	Amount
Recurring Fees (At Contract Sign)	11/4/22	Monthly	\$50 (New monthly billing will be \$225)
One-Time Website Build	11/4/22	One-time	\$2000
Payment Method	Credit Card		ACH
Select One	<input checked="" type="checkbox"/>		<input type="checkbox"/>

Customer Business Address:

Customer Billing Contact

Customer eMail

805 S Austin Georgetown TX 78626  
Sam Johnson  
Sam@rpgtx

#### Section A – Pay by Credit Card

Upon receipt of this authorization, you will receive an email with a secured link to enter credit card details.

Cardholder Name

Account Number (Last Four Digits Only)

Sam Johnson  
4601

#### Section B – Pay by Bank Account / ACH

☐ Checking ☐ Savings

Name on Account:

Bank Account Number / Routing Number:

Bank Name:

Bank City, State:

I (we) understand that this authorization will remain in full force and effect until I (we) notify the Company in writing, that I (we) wish to revoke the authorization. I (we) understand that the Company requires 30 days' notice to cancel.

ATTACH VOIDED CHECK HERE

Company and Orchid have signed this Agreement as of the date first set forth above.

ORCHID LLC

Signature: \_\_\_\_\_

Signatures: \_\_\_\_\_

